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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PULMONARY GYMNASTICS; OR, FORCED RESPIRATION IN THE TREATMENT OF SO-CALLED WEAK LUNGS, ATE- LECTASIS, PHTHISIS, ETC.

BY T. C. SMITH, M.D.,
Of Aurora, Indiana.

Every practitioner of medicine of any considerable experience has often found himself confronted by patients complaining of general weakness, dyspnoea after moderate exercise, a feeling amounting to soreness, or dull pain within the lungs, perhaps dull intercostal pains. Attending these symptoms there is often general lassitude and melancholic expressions. Physical exploration may not, and very often does not, develop any evidence of disease of the lung tissue. Often there will be found seeming emphysema; sometimes this is real. When so, it is due to the destruction of the walls of the cells, resulting from a subacute inflammation or hypostatic stasis in a circumscribed tract of lung tissue. This condition, we think, can be produced by partial or complete disuse of a portion of the air cells, resulting from bronchial catarrh, especially the chronic form, and from lobular pneumonia, tubercular deposits, and, in otherwise healthy lungs, by long continued imperfect or incomplete respiration. This pathological condition once set up, the epithelium of the air-cell walls loosen their attachment to their walls, leaving them denuded of their natural protection. Under the influence of the decomposing debris of detached epithelium, the cell walls often break down, as in ordinary inflammation, and several cells are merged into one, producing cavities, small in ex-

tent, but as real as in phthisis. We think such a condition may in time be produced by imperfect respiration, which leaves these air cells unused until circumscribed disease results.

It has been a constant observation for many years, in my experience, that a very large proportion of persons complaining of the symptoms heretofore named have been men of sedentary habits, and women who labor while seated, and perhaps, while bending over their work. Among men affected thus, are tailors, teachers, students, scriveners and book-keepers, and sewing-women, milliners, etc., among the females. This difficulty has been found to be especially present among those confined closely at their labors many hours in the day, and who take little or no active exercise, outdoors or in. We have often noticed that persons affected with the symptoms named have made rapid improvement when taken from their sedentary labors and set at active out-door employments. It was a common observation, during the late war, that men of indifferent health, anæmic, thin in flesh, almost cadaveric in appearance, who went from store and shop to the open air, active drill, march and campaign, with their hardships and exposures, not only endured them well, but very often improved greatly in health under them. Of course no one will claim that all resulted thus. Nor will it be claimed that all were affected with so-called weak lungs. But most were of those who had practiced, unconsciously, imperfect respiration while at their in-door employments. If, in these cases, there is any hereditary tendency to phthisis, the gravity of the symptoms is greatly increased, and, unless overcome, will be likely to lead to serious results.

My attention was called to this condition of lung tissue very early in my practice, now nearly twenty years ago, by the case of a young student, who was of healthy physique, good habits, and of healthy parents. He was a hard student, and applied himself to his books ten to fourteen hours per day. He complained of dyspnoea on slight exercise, pain in the chest, of intercostal pain, had dry, troublesome cough, general lassitude, and disposition to melancholia; thought he had some form of "heart disease." Of course, he was over-worked. Rest was ordered, out-door exercise and good diet. After about two weeks he had improved in general comfort and strength, but the pulmonary symptoms were quite the same. He was then directed to make deep and prolonged inspirations and forced expirations many times every day. The method was as follows: He was to place a small tube between his lips—a common quill or toothpick answers very well—and *breathe exclusively through this*, both by inspiration and expiration. He was to be slow in both processes, and to make the utmost effort at deep inspiration and forced expiration. The forced expiration is quite as essential as forced inspiration. About every third respiration he was directed to quickly withdraw the tube from between the lips, *when the lungs were thoroughly filled*, and to hold his breath as long as he could, without distress. This simple process was to be repeated six to eight times every twenty-four hours, and he was to take a dozen deep inspirations in this manner at each time of repetition. He at once experienced relief, and he soon not only was rid of all chest trouble, but improved more rapidly in general health. Physical examination at no time showed any real disease of lung tissue in this case. This young man continued to practice this during his years of student life, and acquired the ability to effect a difference of five inches in the measurements of his chest, as between forced expiration and inspiration; and could, after taking a few deep inspirations, hold his chest full of air for a full minute, without distress.

There is, perhaps, no simple expedient to which all sedentary persons, especially students, could so easily resort habitually, that would be likely to yield such good results in keeping them clear of so-called weak lungs and uneasy chest pains, as this one. It will at once be seen that it will cause a more perfect oxygenation of the blood, and thus rid the economy of the accumulated excess of carbmic acid gas, and enable other organs than the lungs to carry on their functions better, by means of a purer blood and better

assimilation. Any one has but to practice these deep inspirations a few times every day, to note the fact that there follows almost every effort a feeling of general comfort and slight exhilaration. I could relate many cases like that above, but I turn from these to a typical one in the first stage of phthisis pulmonalis.

G. H., æt. 26, of spare build, nervo-lymphatic habit, farmer, living among the hills in a naturally healthy section. Several of his brothers had died of phthisis. I found his respiration loud and rasping, bronchial, the chest flat, right apex somewhat sunken, considerable cough, prolonged expiration, marked dullness over right lung, upper lobe; he had lost several pounds in weight during the autumn and early winter, had nocturnal sweating, and felt very much prostrated. His symptoms and physical condition, in short, were such as to warrant a diagnosis of phthisis in the first stage. This case presented itself to me in February, 1880. I gave him an ordinary expectorant for his cough, and a tonic of iron and quinine. With these there was belladonna added at bedtime, to control his nocturnal sweating. He was carefully instructed as to the method of forced inspiration and expiration, and urged to carry it out faithfully for many months to come. I did not see him again for two months. He then stated that he improved rapidly in strength under the use of the tonic, and that his cough soon ceased to annoy him. He referred to the forced respiration as a means of relief new to him, and that it had certainly proved of great value. He no longer felt any uneasy aching within the chest, nor any dyspnoea; could breathe deeper, expand his chest more fully; has less flatness of breast and less dullness on percussion. One year later he confirmed this statement, adding, with special stress, that the forced respiration had certainly been a great benefit to him, in the way of keeping him free from cough, short breathing, and pain in his lungs.

It is not claimed that this will cure phthisis in its early stage, but it may be made a valuable means of relief in connection with other remedies. It will often be found that in many cases where a condition of atelectasis is present, from bronchial catarrh, or following lobular pneumonia, forced inspiration will be the means of opening up the closed bronchial tubes and air cells sufficiently to cause a removal of the trouble. By this means the decomposing debris of detached and locked-up epithelium can be removed, and the diseased lung tissue treated to the pure air needed to restore it, through

reparation, to a condition of health. Where the thickened mucous membrane of the diseased bronchia causes atelectasis of any portion of the lung, forced inspiration will often open this up, and the collapse of lung tissue will disappear, or enclosed foul air will be exchanged for that which is pure and wholesome.

It is almost needless to add that medicated vapors can by this same method be carried to all parts of the lung where it is possible for air to find access. The wise use of such vapors will often greatly aid in the treatment of many of these numerous cases. These statements are given, hastily, it is true, from an experience running over a sufficient number of years to have made many observations. And I can but say that in many forms of pulmonary disease it will often be found more beneficial than may at first seem apparent. Of course, the exercise should be performed in healthy air. It cannot be expected to permanently relieve the symptoms named when these depend on cardiac lesions, or extensive pulmonary lesions of large extent, but even there improvement may often be expected.

MEDICAL SOCIETIES.

RHODE ISLAND STATE MEDICAL SOCIETY.

The 70th Annual Meeting of this Society was held in Providence, June 8th. Dr. Charles O'Leary, the President, in the Chair. Reports were made by the Treasurer, the Board of Censors, the Trustees of the Fiske Fund, the Library and Publishing Committees.

EXPERT TESTIMONY.

Dr. Job Kenyon, from the Committee on Expert Testimony, submitted a report. Allusion was made to the presentation of the petition to the legislature, in 1879, asking that relief might be granted to physicians called to testify as experts; the drafting of an act embracing the relief asked for and its reference to the Judiciary Committee, and the appearance of the committee before the legislative committee. The committee recommended to the Society that the individual members, when called as experts, refuse to testify (in private cases), and thus protect ourselves from what we believe are unjust encroachments on our profession. The committee further recommended that continued efforts be made to induce the legislature to pass an act similar to that recommended in the second section, regulating expert testimony when given in the higher State courts, and that the present committee be discharged and a new one appointed for the purpose.

Dr. Ballou, of Woonsocket, moved that the report be received, with the exception of that clause in reference to the discharge of the committee. The motion of Dr. Ballou prevailed, and the committee were continued.

Dr. L. F. C. Garvin, from the committee, offered the following resolution, which was unanimously adopted:—

Resolved, That the Fellows of this Society, in serving as witnesses for parties other than the State, refuse, both when summoned and while upon the stand, to give expert testimony without suitable additional compensation.

ELECTION OF OFFICERS.

The election of officers was then proceeded with, and Dr. Charles O'Leary and Dr. Job Kenyon were candidates for the presidency. Dr. O'Leary received the majority of the votes, and declined the honor, but was induced to retain the office, the Society voting unanimously to that effect. The election then resulted as follows:—

President—Charles O'Leary, Providence.

First Vice President—Job C. Kenyon.

Second Vice President—O. C. Wiggins, Providence.

Recording Secretary—George D. Hersey, Providence.

Corresponding Secretary—Edward M. Harris, Providence.

Treasurer—Charles H. Leonard, Providence.

Board of Censors—David King, Newport; Ariel Ballou, Woonsocket; Otis Bullock, Warren; J. H. Eldridge, Greenwich; George B. Baker, of Providence (receiving 32 votes to 24 for W. O. Brown); J. W. C. Ely, Lloyd Morton, S. S. Keene.

Publication Committee—H. G. Miller, R. F. Noyes, G. W. Porter.

Library Committee—T. Newell, H. G. Miller, G. D. Hersey, O. C. Wiggins, G. W. Porter.

Dinner Committee—C. H. Leonard, A. G. Browning.

Audit Committee—T. Newell, C. W. Fabyan.

The following gentlemen were elected fellows of the Society:—

Stephen Hull Sears, M.D.; Josephus Corma Maranda, M.D.; Alvin H. Eccleston, M.D.

THE PRESIDENT'S ADDRESS.

President O'Leary then delivered an address upon the "Use and Abuse of Hospitals and American Charities," and gave an interesting historical sketch of the rise and growth of the hospital, the predominating spirit which has governed its success from the past ages down to the present time, until its attainment of its proud and honorable position.

At the close of the address a vote of thanks was given to President O'Leary for his admirable and interesting effort, and it was referred to the Publication Committee.

The meeting then adjourned, and the Society repaired to the City Hotel, to partake of the annual dinner.

BURLINGTON COUNTY (N. J.) MEDICAL SOCIETY.

The Burlington County New Jersey Medical Society held its regular quarterly meeting last week, at Moorestown. The able historian of the Society, Dr. Joseph Parrish, of this city, delivered an address upon the "Geography of Malaria." Dr. Parrish holds that the theory of marsh miasm is not vindicated by the experience of residents

in most of the seaboard counties of this State. No malarious diseases seem to be indigenous to the salt marsh, cranberry bogs, shore springs and cedar swamps, which cover thousands of acres of New Jersey; indeed, those regions are noted for their healthfulness. It is equally true, he argues, that in elevated regions, which are free from con-

taminated or obstructed water courses, where there is no marsh or accumulated organic matter undergoing decay, fevers of a periodic nature are common. Indeed, they occur at all seasons, and in almost every climate, on the open sea, in the sandy desert and on the fruitless rock.

EDITORIAL DEPARTMENT.

PERISCOPE.

External Use of Jaborandi in Mammary Inflammation.

The following case is recorded by Dr. H. B. Stehman, in the *Lancaster Med. Soc. Trans.*, April, 1881.

Mrs. K., multipara, on the sixth day after confinement had much pain in the left breast, which had become hard and swollen, with considerable fever, pain in head and back. In examining the breast, I discovered a large cicatrix, and on inquiry learned that in her second confinement she had suffered in a similar manner; that the inflammation went on to suppuration, and finally the breast was lanced. I prescribed a diaphoretic mixture, and locally used a poultice composed of two parts flaxseed meal and one part crushed jaborandi leaves. The leaves were infused in a quantity of hot water necessary to make the poultice of proper consistency, in order that the active properties of the jaborandi might be more thoroughly mixed with the meal. These poultices were continued for forty-eight hours; at the end of the first twenty-four the breast was flaccid, the swelling reduced and the pain had disappeared.

There was no milk drawn from the breast in the interim, and the most gratifying feature was the fact that the engorged breast was entirely relieved.

At the end of the second day the treatment was discontinued, the milk flowed freely, and the mother nursed the child from this breast as well as from the other. I have used this treatment in a number of similar cases since then, and have never seen it fail, if adopted before suppuration had set in.

I have used these poultices in the inflammatory stages of buboes, and succeeded in preventing suppuration.

In mumps this treatment proved equally gratifying.

The Application of Galvanism to the Bladder.

Mr. R. M. Murray says, at the close of an article in the *Edinburg Medical Journal*, April, 1881:—

Before concluding this paper I may be permitted to offer one or two hints as to the mode of conducting the application of galvanism to the bladder. The instructions given in books are not sufficiently explicit as to some precautions, and my experience in the treatment of several

cases last winter, in the wards of the Royal Infirmary, under the charge of Professors Sanders, Grainger Stewart, and Annandale, and in the private practice of Dr. Croom, may enable me to offer some suggestions for the benefit of any one who may think of applying it.

In the first place, the current to be employed must be of the very gentlest at first, and the increase must be slow and gradual. The bladder is often morbidly sensitive, and anything like a violent current or shock may produce very acute cystitis. In my experience it has done so on one occasion, when, through a fault in the battery, the zinc plate suddenly slipped entirely into the fluid.

In order to avoid any risk at first, it is a safe plan for the operator to pass the current through his body, which can be done by seizing one handle with the left hand and passing the moistened right hand over the back and abdomen of the patient, the other terminal being in the bladder. By pressing the hand firmly or lightly the current can be increased or diminished, and its strength is accurately estimated by the operator, while the patient is gradually accustomed to an increased power of the current. The current should be applied for ten minutes at first, and this gradually increased as the patient can bear it. It is well to have a little urine in the bladder; it serves to diffuse the stimulus, and is more agreeable to the patient than when the bladder is empty. And a final precaution must not be forgot, and that is, to stop the current before withdrawing the bougie, otherwise the most acute pain will be induced in the course of the urethra, which often remains for a considerable time.

An Important Modification of the Ordinary Anæsthetic Methods.

The *Revue de Chirurgie et Arch. Méd. Belge* observes that Messrs. O. de Stefanis and Vachetta, convinced of the dangers attending the use of anæsthetics—statistics showing that with chloroform there occurred one death in 2873 cases, with ether, one in 23,204, while bichloride of ethylene showed one death in 5000 cases—propose a modification, which has already given them excellent results, both upon men and animals.

It was suggested to them by this consideration; that death being caused by cerebral anæmia or cardiac paralysis, anything that could induce a congestion of the nerve centres and excite the heart would help in controlling the

noxious effects of the anæsthetic agent, without diminishing insensibility. For this purpose they make use of alcoholics; we shall not repeat here their experiments upon dogs and rabbits; it is more interesting to note the method recommended to bring on inebriety in the subjects to be anæsthetized.

In place of prescribing a strict fast, they advise patients to eat a light breakfast of crackers or bread, and according to age, sex, strength, and the habits of each one, to drink a certain quantity of some light wine, like claret. This quantity may vary from 100 to 200 grams. (f. 3 xxv-f. 31.) Those accustomed to alcohol may besides take a little brandy. When the heart is found to be sufficiently excited, the inhalation of ether or chloroform may be proceeded with.

Experience proves that under those conditions complete anæsthesia is obtained in a few minutes, by the use of from five to ten grams (m. 75 to 150), of the anæsthetic agent.

Judging from their first experiments, the authors believe themselves warranted in drawing the following conclusions:—

When a dog is prepared for anæsthesia by the aid of Marsala wine, he is less sensitive to the effects of ether or chloroform, and the dangers inherent to anæsthesia are reduced. If the animal is inebriated, insensibility and muscular relaxation are longer in showing themselves.

If anæsthesia is repeated at short intervals, the subjects become less liable to its effects. Alcoholic intoxication, both in man and in animals, does away with all danger arising from cardiac paralysis, or cyanosis due to vasomotor palsy; no emesis has ever been noticed.

A man slightly under the effects of alcohol yields more readily to the influence of an anæsthetic; a lesser quantity is required to induce sleep.

In no case has sleep been followed by such marked secondary phenomena, like vomiting, prolonged somnolency, and falling temperature, as happen with patients who have been put to sleep by the ordinary method.

REVIEWS AND BOOK NOTICES

BOOK NOTICES.

A Treatise on the Diseases of the Nervous System.

By William A. Hammond, M.D., Surgeon-General U. S. Army (Retired List); Professor of Diseases of the Mind and Nervous System in the Medical Department of the University of the City of New York, etc. With one hundred and twelve illustrations. Seventh Edition, Rewritten, Enlarged, and Improved. New York: D. Appleton and Co., 1, 3 and 5 Bond Street. 1881. 8vo. pp. 929. Price, Cloth, \$6. Sheep, \$7.

During the five years which have elapsed since the publication of the sixth edition of this stand-

ard work on diseases of the nervous system, investigations in this special department of pathology have been pushed with remarkable activity and vigor, both in this country and abroad. New and improved instruments are constantly coming into use, enabling the physician to interpret accurately symptoms which formerly were obscure, and consequently make his treatment more rational. Among those who have contributed largely to this rapid advancement, few are more widely known than Dr Hammond, and we feel assured that this new edition, which has been thoroughly revised and enlarged by the addition of much that is new, will receive a hearty welcome from the medical profession on both sides of the Atlantic. The author is a concise writer, who never wastes any paper, and he has, as he says himself in his preface, views of his own on every disease considered, and he is not afraid to express them: in short, the work is largely the result of his own observation and experience, though the labors of others are by no means ignored.

After an introductory chapter on the instruments and apparatus employed in the diagnosis and treatment of diseases of the nervous system, he divides the contents of the book into six sections, in which are considered, severally, Diseases of the Brain, Diseases of the Spinal Cord, Cerebro spinal Diseases, Diseases of the Peripheral Nervous System, Diseases of the Sympathetic Nervous System, and Toxic Diseases of the Nervous System. Among the chief additions which this edition has received, we notice that the chapter on cerebral congestion has been considerably enlarged, and a chapter on myxœdema, and others on syphilis of the brain, the spinal cord and the nerves, have been introduced; also a chapter on the symptomatology of cerebral and cerebellar lesions, and a new section on diseases of the sympathetic nervous system, which is well worthy of being carefully studied. Material additions have also been made to the chapters on locomotor ataxia, progressive facial atrophy, chorea, epilepsy, neuralgia and others. The chapters on insanity have been omitted, the author being at present engaged in the preparation of a special treatise on this subject. As a proof of the universal favor with which this work has been received on the Continent of Europe, we learn that in addition to the French translation already in existence, an Italian translation, under the editorial supervision of Professor Diodato Borelli, of the Royal University at Naples, is now going through the press.

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THE IMPROVEMENT IN MEDICAL LITERATURE.

The full Index which we give in this number crowds out much of the reading matter we are accustomed to furnish. The value of an Index, however, is too well known for its intrusion to require any apologies. It is an indispensable feature in every well-edited book or periodical.

We may take occasion in this connection to remark on the manifest improvement, both in the contents, appearance and manufacture, of medical books and journals, within the last ten or a dozen years. This is visible, both in the care exercised in editing, in the more scientific tone of the contributions, and in the paper and printing. A gentleman who had been going over all the French medical journals he could lay his hands on, last winter, mentioned with surprise the fact that not one of them equals, in quality of paper, neatness of presswork and variety and value of contents, the MEDICAL AND SURGICAL REPORTER.

Even the best English journals, such as the *Lancet*, the *Medical Times and Gazette*, the *British Medical Journal*, and the *Medical Press and Circular*, compare unfavorably, both in paper and presswork, with the REPORTER, while not one of them is bound; and while in contents some of them are more lengthy, the excess is made up of the merest local discussions and obvious "padding."

Yet it is true that both in France and England everything relating to the manufacture of a journal is cheaper than in the United States; paper, setting the type, correction, presswork, are all at materially lower prices. The fact is, that the American public is more requiring than that of the Old World; it demands more frequent changes, more constant improvements, a perpetual progress; and it is right in doing so. This demand is a constant spur to strive after better things and to seek on all sides to obtain the most desirable.

Aware of this, we shall hereafter, as in the past, spare no pains to make the REPORTER more valuable to readers, by making it more costly to ourselves every year. Both in respect to the details of its manufacture and to the quality of the

material, it shall not abate its just claim to equal any journal of its class anywhere published.

NOTES AND COMMENTS.

Impetiginous Eczema of the Scalp.

The *Journal des Sci. Med.* states that M. Vidal recommends the following treatment: Lotions with a decoction of walnut leaves. Frictions, morning and evening, with a weak glycerole of cade, thus prepared:—

Glycerole of starch, 30 grams (3 viiss),
Oil of cade, 5 grams (grs.75).

If too great an irritation is produced by these frictions they should be discontinued for a time. If, as is often the case, the patient is of weak constitution, this local medication is to be further assisted by a general treatment, consisting of iodide of iron, hop tea and sulphurous baths.

In another, and quite different form of eczema, Mr. Vidal prescribed the following glycerole:—

Glycerole of starch, 30 grams (f. 3 viiss)
Tannin, 2 " (3 ss)
Calomel, 1 " (gr.15.)

This was in the case of a strong and vigorous, but arthritic, patient, in whom an eczema of both arms, although, since some time past, treated by envelopment in India rubber, remained in a stationary condition. When eczema has reached that stage a glycerole of tannin and calomel may induce a somewhat rapid modification of the lesion.

Rectal Touch in Coxalgia.

M. Cazin read a report on this subject before the Académie de Médecine April 26th.

This mode of investigation, formerly reserved for exceptional cases, where voluminous intra-pelvic abscesses were suspected, should become an integral part of the examination of all cases of coxalgia, whether with or without suppuration. The symptoms observed in this way consist in pain on pressure over the post-cotyloid surface; engorgement of the intra-pelvic ganglions; augmentation in volume of the osseous surface; depression, flexibility, mobility, destruction or perforation of the post-cotyloid surface; boggy feeling of the soft parts and pelvic abscesses of different volumes; communication between pelvic abscesses of small volume and external fistule. These pelvic abscesses are often unique, and are found in cases of coxalgia regarded as without suppuration. So that every attempt at forced straightening, resection, etc., should be

preceded by minute exploration of the portion of the pelvis corresponding to the bottom of the cotyloid cavity.

Action of Bromides in Epilepsy.

Dr. A. Hughes Bennett (*Edinburgh Medical Journal*, March, 1881), in an interesting paper, sets out the following conclusions: 1. In 12.1 per cent. of epileptics the attacks were completely arrested during the whole period of treatment by the bromides. 2. In 83.3 per cent. the attacks were greatly diminished, both in number and severity. 3. In 2.3 per cent. treatment had no apparent effect. 4. In 2.3 per cent. the number of attacks was augmented during the period of treatment. 5. The form of the disease, whether it was inherited or not, whether complicated or not, recent or chronic, in the young or in the old, in healthy or diseased persons, appeared in no way to influence treatment, the success being nearly in the same ratio under all these conditions. 6. In 66.6 per cent. there was no trace of bromide poisoning. In the remaining 33.4 per cent. this was observed in varying kinds and degrees; but in no case to any serious extent—namely, physical weakness in 28.5 per cent.; mental weakness in 18.8 per cent.; and the so-called bromide eruption in 16.6 per cent.

Lemon Juice in Diphtheria.

Dr. J. R. Page, of Baltimore, in the *New York Medical Record*, May 7th, 1881, invites the attention of the profession to the topical use of fresh lemon juice as a most efficient means for the removal of membrane from the throat, tonsils, etc., in diphtheria. In his hands (and he has heard several of his professional brethren say the same) it has proved by far the best agent he has yet tried for the purpose. He applies the juice of the lemon, by means of a camel's hair probang, to the affected parts, every two or three hours, and in eighteen cases on which he has used it the effect has been all he could wish.

Treatment of Eclampsia by Bleeding and Chloral.

M. Guyot related to the Société Médicale des Hôpitaux, that a child, aged eleven and a half years, was seized with an attack of eclampsia on the twenty-second day of an attack of scarlatina complicated with albuminuria. He was in a state of coma, and near death, when M. Guyot bled him to the extent of 300 grams, and gave him two enemata of chloral. The child recovered rapidly.

CORRESPONDENCE.

A Case of Poisoning by Opium, Successfully Treated with Atropia—without Emesis.

ED. MED. AND SURG. REPORTER:—

The following case has some features of special interest:—

A. B., aged fifty, coach painter, has been a patient of mine for the last three years, during which time he has had several attacks of delirium tremens, which yielded rapidly to the usual treatment. On the evening of June 2d, 1881, at nine o'clock, I was called to see him—word being left at my residence that he was very ill—not able to speak, etc., but gave no clue to the existing trouble. I soon started for his house, about two miles distant, and on arriving there, was told that he had taken one ounce of laudanum (such as is usually kept at country stores), about one hour before I arrived. I found the pupil contracted to the size of the smallest pin-head, the patient senseless and incapable of being aroused, the breathing slow and somewhat stertorous. Pulse rather slow, but of good volume. The family being intelligent people, and having had the same trouble to a small extent some years ago, had freely used all the domestic emetics without any effect, and I found, after forcing the mouth open, in order to administer a huge dose of ipecacuanha and zinc. sulph., that emesis could not be produced, on account of the torpid condition of the brain. I was now in a dilemma, and no stomach pump at hand. I drove rapidly back to my house, for my hypodermic syringe, and on my return with it I gave an injection of $\frac{3}{4}$ of a grain of sulphate of atropia. This was nearly two hours after the laudanum had been taken. In four minutes after the atropia was administered there was a decided amelioration of all the symptoms. This improvement lasted for fifteen minutes, when the stupor increased to some extent. After waiting five minutes longer, I repeated the injection, using the same quantity. Rapid and permanent improvement quickly followed; of course, the usual means of flagellation with wet towel, walking the patient, shouting, etc., to keep him awake, were not neglected; also strong coffee, etc. Before leaving the patient, at midnight, I gave by the mouth forty-five drops of tincture of belladonna (made from Squire's extract), and ordered thirty drops of same to be given at 3 A.M., and same quantity at 6 A.M., if required. The improvement, however, was so marked that the dose at 6 A.M. was not given. I saw the patient the next day (June 11) at 10 A.M., found him quite convalescent, and needing only some fluid extract of valerian and Hoffman's anodyne, to straighten up his nervous system after his debauch. I dismissed the case on June 12th, as cured.

This case, I think, fully proves the power of atropia as an antidote to opium—as the cure was effected, not by getting rid of the poison, but by neutralizing it in the system, and that, too, when emesis could not be produced, and when the symptoms indicated a speedy death—consequently, I shall “tie to it” with absolute confidence, in future. It will be noticed that my doses were large, which is additional proof of the antago-

nism of the two drugs, otherwise serious consequences would have followed their administration.
Jenkinson, Pa. ROBERT COLTMAN, M.D.

Roetheln.

ED. MED. AND SURG. REPORTER:—

In the REPORTER of May 28th, 1881, Dr. Hubbard, of Wauconda, Ill., reported a case of “Obscure Rubeola,” and asked if it could be considered a case of roetheln. I think it was most certainly a case of roseola. In our village, of 1200 inhabitants, we have had an epidemic of roseola during the past spring; one-half of the population, adults as well as children, have been visited with it. The diagnosis is rendered easy if attention be paid to the following points of difference between it and rubeola and scarlatina. The rash of roseola is pink, and on looking at it *sidewise* it seems as if the skin had been tattooed with pink ink; there is no elevation of the skin, as in rubeola. The eruption is larger and paler than the rash of scarlatina, and not so dark as in rubeola. There is not the same amount of coryza as is seen with rubeola; and not so severe (if any) throat symptoms as are usually present in scarlatina. There is also very little febrile movement, and the duration of roseola is only for a few days; and the patients take to the bed during the course of this disease. Some who have had rubeola severely a few months previous have just had an attack of roseola; and the same is true of scarlatina.

JOHN C. HOLMES, M.D.

Cranbury, N. J., June 13th, 1881.

NEWS AND MISCELLANY.

The Pennsylvania Medical Law.

We give below a correct copy of the Medical Registration Act as approved by the Governor of this State, June 8th, 1881. We commend it to the careful attention of the physicians of this commonwealth. It should be added in this connection that the passage of this act is largely owing to the self sacrificing and disinterested endeavors of Dr. R. L. Sibbet, of Carlisle, Chairman of the Committee on Medical Legislation:—

AN ACT TO PROVIDE FOR THE REGISTRATION OF ALL PRACTITIONERS OF MEDICINE AND SURGERY.

SECTION 1. Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it is hereby enacted by the authority of the same:—

That the Prothonotary of each county shall purchase a book of suitable size, to be known as the Medical Register of the County (if such book has not been purchased already), and shall set apart one full page for the registration of each practitioner; and when any practitioner shall depart this life, or remove from the county, he shall make a note of the same at the bottom of the page, and shall perform such other duties as are required by this act.

SEC. 2. Every person who shall practice medicine or surgery, or any of the branches of

medicine or surgery, for gain, or shall receive or accept for his or her services as a practitioner of medicine or surgery any fee or reward, directly or indirectly, shall be a graduate of a legally chartered medical college or university having authority to confer the degree of doctor of medicine (except as provided for in section five of this act); and such persons shall present to the Prothonotary of the county in which he or she resides or sojourns, his or her medical diploma, as well as a true copy of the same, including any endorsements thereon, and shall make affidavit before him that the diploma and endorsements are genuine thereupon; the Prothonotary shall enter the following in the register, to wit: The name, in full, of the practitioner, his or her place of nativity, his or her place of residence, the name of the college or university that has conferred the degree of Doctor of Medicine, the year when such degree was conferred, and in like manner any other degree or degrees that the practitioner may desire to place on record; to all of which the practitioner shall likewise make affidavit before the Prothonotary, and the Prothonotary shall place the copy of such diploma, including the endorsements, on file in his office, for inspection by the public.

SEC. 3. Any person whose medical diploma has been destroyed or lost, shall present to the Prothonotary of the county in which he or she resides or sojourns, a duly certified copy of his or her diploma; but if the same is not obtainable, a statement of this fact, together with the names of the professors whose lectures he or she attended, and the branches of study upon which each professor lectured, to all of which the practitioner shall make affidavit before the Prothonotary, after which the practitioner shall be allowed to register in manner and form as indicated in section two of this act, and the Prothonotary shall place such certified statement on file in his office, for inspection by the public.

SEC. 4. Any person who may desire to commence the practice of medicine or surgery in this State after the passage of this act, having a medical diploma issued or purporting to have been issued by any college, university, society or association in another State or foreign country, shall lay the same before the faculty of one of the medical colleges or universities of this Commonwealth for inspection; and the faculty, being satisfied as to the qualifications of the applicant and the genuineness of the diploma, shall direct the dean of the faculty to endorse the same, after which such person shall be allowed to register as required by section two of this act.

SEC. 5. Any person who has been in the continuous practice of medicine or surgery in this Commonwealth since one thousand eight hundred and seventy-one, without the degree of doctor of medicine, shall be allowed to continue such practice; but such person shall nevertheless appear before the Prothonotary of the county in which he or she resides, and shall present to him a written statement of these facts, to which the practitioner shall make affidavit. Thereupon the Prothonotary shall enter the following in the register, to wit: The name in full of the practitioner, his or her place of nativity, his or her place of residence, the time of continuous practice

in this Commonwealth, and the place or places where such practice was pursued, to all of which the practitioner shall likewise make affidavit, and the Prothonotary shall place the certified statement on file in his office, for inspection by the public.

SEC. 6. Every practitioner who shall be admitted to registration shall pay to the Prothonotary one dollar, which shall be compensation in full for registration, and the Prothonotary shall give a receipt for the same.

SEC. 7. Any practitioner who shall present to the faculty of an institution, for endorsement, or to a Prothonotary, a diploma which has been obtained fraudulently, or is in whole or part a forgery, or shall make affidavit to any false statement to be filed or registered, or shall practice medicine or surgery without conforming to the requirements of this act, or shall otherwise violate or neglect to comply with any of the provisions of this act, shall be deemed guilty of a misdemeanor, and, on conviction, shall be punished for each and every offence by a fine of one hundred dollars, one-half to be paid to the prosecutor and the other half to be paid to the county, or be imprisoned in the county jail of the proper county for a term not exceeding one year, or both, or either, at the discretion of the court.

SEC. 8. Nothing in this act shall be so construed as to prevent any physician or surgeon legally qualified to practice medicine or surgery in the State in which he or she resides from practicing in this Commonwealth: but any person or persons opening an office, or appointing any place where he or she may meet patients or receive calls, shall be deemed a sojourner, and shall conform to the requirements of this act.

SEC. 9. This act shall take effect on the first day of June, one thousand eight hundred and eighty-one.

SEC. 10. That all acts or parts of acts heretofore passed, and inconsistent with this act, be and the same are hereby repealed.

Items.

—Puck says the order of the Knights of the Goitre are principally found in Switzerland. Its members are all swells.

—Five hundred children have been taken from the public schools at Atlanta, Ga., on account of the presence of a mysterious disease.

—The Japanese Government has appointed a Special Commissioner, Mr. Monosuke Sano, to study the subject of cremation, and he is now investigating the merits of the Italian system, at Milan.

—A lawless gang in West Virginia, calling themselves "Red Men," recently took Dr. Daniel Cain, of West county, from his house at midnight and gave him a severe flogging, for refusing to use steam in his flouring mill.

—The State Board of Health of West Virginia has been duly commissioned by the Governor. Dr. J. E. Reeves has been appointed for six years. Dr. Reeves is now President of the State Medical Society, and it is mainly to his endeavors that the Board of Health owes its existence.

OBITUARY NOTICES.

PROF. SKODA.

The cable, on June 14th, announced the death of Dr. Josef Skoda, the distinguished professor at Vienna. He was born in Bohemia, in 1805, graduated at the Vienna medical schools in 1831, in 1834 became second physician to the general hospital at Vienna, and became successively Physician for the Division of Lung Diseases, Chief Physician of the Hospital, Professor of Clinics, and a member of the Vienna Academy of Sciences. Professor Skoda was one of the first to popularize the use of the stethoscope, was a great authority on pathological anatomy and on the various methods of auscultation and percussion, and was considered the head of the new German school of diagnosis.

QUERIES AND REPLIES.

Chronic Colitis.

MR. EDITOR.—I would suggest, in answer to "Query" on chronic colitis, June 11th, liq. ferri pernitrat, gr. x, in wineglass of sweetened water, four times a day, continued two weeks or more, as may best seem fit.

S. L. WZST, M.D.

Wilmington, Del.

MR. EDITOR.—In reply to Wm. H. C., of Ill., I would suggest a plan of treatment which has for years been effectual in my hands. Give your patient ℞xxx of tinct. opii, in water; this will arrest the peristaltic action of the stomach, and renders it tolerant of the following dose in half an hour:—

Pulv. ipecacuanha, grs. x, in some syrup or honey. No fluid to be given for at least three hours. If very thirsty, ice can be sucked.

This remedy seldom produces nausea or vomiting, in large doses, if the above plan is carried out. The ipecac. has a beneficial action upon the skin, by causing an increased secretion of mucus, and by restoring the deranged capillary circulation of the liver and intestines to its normal state. After this I give teaspoonful doses of ext. belae liquid, three times a day. One dose is generally enough of the ipecac.; if not, give another in about eight hours from the first.

While a surgeon in H. M.'s Army in the East Indies, where chronic colitis or dysentery is so common, the above treatment seldom failed. The hygienic condition surrounding of the patient must be attended to. This disease is malarial, having an affinity for the glandular structure of the intestines. And last, but not least, send your patient for a change of air, if possible, to the sea shore.

H. ISAAC JONES, L.R.C.P.E., L.F.P. & S.G.

Scranton, Pa. Mem. Am. Med. Association.

MR. EDITOR.—In answer to Wm. H. C., Ill., in your last issue, I would say, I had, in 1874, a similar case, differing only in severity; my patient had twelve to fifteen stools daily; after all else had failed he fell into my hands; I put him on—

R.	Pulv. ipecac.,	3ss	
	Ext. opii,	gr. j.	M.
	Ft. pil., No. vi, div.		

To be taken at once, with directions to keep perfectly quiet in recumbent position. On following day stools had lessened to one-third; the same dose repeated and the following twenty-four hours were passed without any movement of the bowels, when a course of tonic treat-

ment, with careful diet, completed the cure; he has never had any symptom of the trouble since. Not wishing to take up too much of your valuable space, I refrain from dilating upon it. I reported the case to our County Medical Society, at the time. Should the gentleman incline to try this remedy, I would be much pleased to hear of the result. D. SCHLEMER, M.D.

Elizabeth, N. J.

Dr. J. M., of Indiana, writes: What is Reid's method of reducing dislocation?

Ans.—We presume you refer to the method introduced by Dr. W. W. Reid, of Rochester, N. Y., in 1851. It is by manipulation, and may be found described in "Hamilton on Fractures and Dislocations," page 752, and elsewhere.

Dr. Lee, of Ohio.—We shall take an early opportunity to discuss the subject of the relationship of medical societies, and make some suggestions thereon.

MARRIAGES.

BLACKLY-SHERRARD.—At the Parsonage, Prosperity, Pa., May 18th, by Rev. J. H. Sherrard, assisted by Rev. T. J. Sherrard, Oliver L. Blackly, M.D., of Sparta, and Miss Anna R., daughter of the officiating minister.

CAMPBELL-KREMER.—On May 26th, by Rev. W. H. Logan, G. W. Campbell, M.D., of Newport, and Sallie A., youngest daughter of Perry Kremer, Esq., of Millerstown, Perry county, Pa.

CRANE-ECKARD.—June 3d, at Abington, Pa., by Rev. J. R. Eckard, Charles L. Crane, M.D., of Sumter county, S. C., and Anna Maria, daughter of the officiating clergyman.

DISBROW-CALHOUN.—On Thursday, April 21st, at the residence of the bride's parents, No. 713 Lexington Ave., by the Rev. Stephen H. Tyng, Jr., D.D., Clara Louise Calhoun and Robert N. Disbrow, M.D., both of New York.

GREENE-MENAGER.—By his Honor, Wm. R. Grace, Mayor of New York City, Dr. Wm. R. Greene, of Philadelphia, and Miss Sarah Menager, of Paris, France.

HARRIS-LEGGETT.—By Rev. S. S. Gilson, May 10th, 1881, at the Presbyterian Parsonage in Denison, O., Dr. George M. Harris, of Lorraine, O., and Miss Dorret M. Leggett, of Uhricksville, O.

SPALDING-GARRETT.—At St. Canicus' Church, Mahanoy City, Pa., on Wednesday, June 1st, 1881, by the Rev. M. A. Ryan, Dr. S. C. Spalding, of Shenandoah, and Miss Agnes Garrett, of Mahanoy City.

DEATHS.

COCKEY.—At Rye, Saturday, May 21st, John H. T. Cockey, M.D.

COOPER.—On the 27th of May, in Colfax county, New Mexico, Dr. Lehman Adams Cooper, of erysipelas, in the forty-second year of his age.

GREGG.—Entered into rest, on the evening of the 31st ult., H. Albina Gregg, aged sixty-five years.

HALSTED.—At his father's residence, Sing Sing, N. Y., on Tuesday, May 24th, Richard Frederick Halsted, M.D., eldest son of James W. and Mary A. Halsted.

JONES.—Friday, May 20th, at 4 P.M., at his late residence, No. 43 West 26th street, New York, Alanson S. Jones, M.D.

LANGSTROTH.—On May 28th, 1881, at Vinton, Iowa, Edward F. B. Langstroth, M.D.

ROY.—On Friday evening, May 20th, at his late residence, No. 216 West 31st street, New York, Dr. Enos G. Roy, in the fifty-first year of his age.

SABINE.—In London, Ontario, on the 1st instant, Dr. Joseph B. Sabine, aged fifty-six years.

VAN WAGNER.—At Madison, N. J., May 30th, Frederick J. Van Wagner, M.D., in the forty-third year of his age.

